

Executive Summary



State of New Hampshire **SARS Clinical Guidelines**

October 16, 2003

New Hampshire
Department of Health
and Human Services

The New Hampshire Severe Acute Respiratory Syndrome Surveillance Clinical Response Guidance document was developed by the Department of Health and Human Services (DHHS), Office of Community and Public Health in cooperation with the New Hampshire Hospital Association and other state and local agencies and community partners. It is available in pdf format at www.dhhs.state.nh.us/dhhs/bcdcs/library/fact+sheet/sars-clinical.htm.

The purpose of this document is to provide healthcare providers, local health departments, public health officials, healthcare facilities, policy makers, and other services and agencies that may be called on during a severe acute respiratory syndrome (SARS) outbreak in New Hampshire with clinical guidance and broad recommendations on effective containment strategies. This guidance can be used to develop detailed local implementation plans based on the characteristics of local outbreak and health care and public health resource capacity. **Given that the global SARS epidemic changes daily, the guidelines should be considered dynamic, and will be revised as more information becomes available.**

Introduction

SARS is an atypical pneumonia caused by a previously unknown virus, a coronavirus (called SARS Co-V).

These guidelines are intended to:

- Limit SARS transmission within New Hampshire communities
- Minimize SARS-associated morbidity and mortality
- Prevent translocation of SARS beyond community borders
- Minimize panic and civil unrest

Definitions for SARS

The Centers for Disease Control and Prevention (CDC) is the federal agency responsible for determining the SARS case definition and case classification. The case definition may change and is updated at www.cdc.gov/ncidod/sars/casedefinition.htm.

Case Definitions

Clinical criteria:

- Asymptomatic or mild respiratory illness
- Moderate respiratory illness
 - Temperature of >100.4 degrees F (>38 degrees C) *and*
 - One or more clinical findings of respiratory illness (i.e., cough, shortness of breath, difficulty breathing, or hypoxia)
- Severe respiratory illness
 - Temperature of >100.4 degrees F (>38 degrees C) *and*
 - One or more clinical findings of respiratory illness (see above) *and*
 - Radiographic evidence of pneumonia *or*
 - Respiratory distress syndrome *or*
 - Autopsy findings consistent with pneumonia or respiratory distress syndrome without an identifiable cause

Epidemiologic criteria:

- Travel (including transit through an airport) within 10 days of onset of symptoms to an area with current or previously documented or suspected community transmission of SARS *or*
- Close contact within 10 days of symptoms with a person known or suspected to have SARS

Laboratory criteria:

Confirmed:

- Detection of antibody to SARS-CoV in a serum specimen *or*
- Detection of antibody to SARS-CoV RNA by reverse transcriptase-polymerase chain reaction (RT-PCR) confirmed by a second PCR assay, by using a second aliquot of the specimen and a different set of PCR primers *or*
- Isolation of SARS-CoV

Negative: Absence of antibody to SARS-CoV in convalescent serum (obtained a minimum of 22 days, but ideally >28 days after symptom onset)

Undetermined: Laboratory testing not performed or incomplete.

CDC Case Classifications

Probable SARS Case:

- Meets the clinical criteria for severe respiratory illness of unknown etiology, *and*
- Meets epidemiologic criteria for exposure, *and*
- Laboratory criteria confirmed, or undetermined.

Suspect SARS Case:

- Meets the clinical criteria for moderate respiratory illness of unknown etiology, *and*
- Meets the epidemiologic criteria for exposure, *and*
- Laboratory criteria confirmed, or undetermined.

CDC Exclusion Criteria

A case may be excluded as a suspect or probable SARS case if:

- An alternative diagnosis can fully explain the illness, *or*
- The case has a negative convalescent-phase serum sample (>28 days after symptom onset) or was reported on the basis of contact with an index case that was subsequently excluded as a case of SARS (i.e., another etiology explains the illness) provided that other possible epidemiologic exposure criteria are not present.

Focus on Preventing SARS Transmission

The New Hampshire State information campaign has been delivered through the broadcast and print media including:

- Printed materials
- SARS website on the DHHS website
- Informational phone line: the Bureau of Communicable Disease Control (BCDC) at 603-271-4496 or 800-852-3345
- Media activities

Guidelines include information for preventing SARS transmission at the individual and clinical level, at the law enforcement level, following international air travel, and when transporting patients.

Procedures for Public Health Investigation of SARS Cases

Once a suspect or probable case has been identified, regardless of severity of illness, the patient must be immediately reported to the New Hampshire BCDC.

Public health workers will conduct SARS case investigations, file case reports, and conduct contact investigation of confirmed, probable, and suspect cases.

Surveillance for SARS

DHHS is the lead agency responsible for conducting human case surveillance for SARS in New Hampshire. BCDC Surveillance monitors infectious disease trends using four data sources that may be useful for early identification of SARS-related respiratory illness in New Hampshire:

- Syndromic surveillance
- Over-the-counter pharmaceutical surveillance
- Medical Examiner surveillance
- Death certificate reports

Response to Epidemic SARS

The epidemic SARS response plan is forthcoming, pending new information and guidelines. It will be a more comprehensive response plan than the one disseminated in April 2003.

References

The CDC is the main source of information for these guidelines. Specific documents are listed in the References section.

Appendices

Appendix 1. Clinical Diagnosis and Treatment of SARS

Information is provided in this appendix for health care providers including clinical features, diagnosis and treatment, and prevention of transmission of SARS.

Appendix 2. SARS Laboratory Testing

Includes the types of tests available and how to interpret them.

Appendix 3. SARS Preparedness and Case Investigation at Non-Ambulatory Health Care Facilities

These guidelines are intended for use at non-ambulatory health care settings, such as hospitals and long-term care facilities and include planning and implementation of a facility response plan for SARS.

Appendix 4. SARS Preparedness and Case Investigation at Ambulatory Health Care Facilities

This appendix covers guidelines for ambulatory health care settings.

Appendix 5. Isolation and Quarantine Procedures for SARS

Includes discussions of isolation (restriction of movement or activities or separation of persons sick with SARS) and quarantine (restriction of movement or activities or separation of well persons exposed to SARS, for signs and symptoms of disease), containment measures, precautionary measures, and recommendations for persons providing care to people in isolation in the home setting.

Appendix 6. Management of Airline Passengers with Suspect Disease of Major Public Health Concern

Appendix 7. Preliminary SARS Response Plan

Response recommendations based on the following alert levels:

Alert Level 0 – No NH cases of SARS

Alert Level 1 – A single suspect case reported within NH

Alert Level 2 – Single or multiple probable or confirmed case(s) reported in NH with an identified pattern of transmission

Alert Level 3 – Multiple cases reported within NH borders without an identified pattern of transmission

Appendix 8. Phone List